



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

(Name)

NAIC Group Code 1311 (Current Period) , 1311 (Prior Period) NAIC Company Code 95844 Employer's ID Number 38-2242827

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 06/27/1978 Commenced Business 02/08/1979

Statutory Home Office 2850 West Grand Boulevard (Street and Number), Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Main Administrative Office 2850 West Grand Boulevard (Street and Number)
Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 313-872-8100 (Area Code) (Telephone Number)

Mail Address 2850 West Grand Boulevard (Street and Number or P.O. Box), Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2850 West Grand Boulevard (Street and Number)
Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 248-443-1093 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.hap.org

Statutory Statement Contact Dianna L. Ronan CPA (Name), 248-443-1093 (Area Code) (Telephone Number) (Extension)
dronan@hap.org (E-Mail Address) 248-443-8610 (Fax Number)

OFFICERS

Name	Title	Name	Title
Teresa Lynn Kline	President and CEO	Richard Evan Swift	Treasurer
Michelle Denise Johnson Tidjani Esq.	Secretary	William Robert Barnes #	Assistant Secretary

OTHER OFFICERS

Marjorie Ann Staten J.D. #	Assistant Secretary		
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DIRECTORS OR TRUSTEES

Marvin Watson Beatty	Shari Lee Burgess	Sandra Ann Cavette MPH RDH	Colleen Marie Ezzeddine Ph D
Jacalyn Sue Goforth #	Joyce Viocha Hayes-Giles	Harvey Hollins III	Jamie Chin-Chen Hsu Ph D
Teresa Lynn Kline	Wright Lowenstein Lassiter III	Raymond Carmelo Lope'	Judith Stephanie Milosic
Susanne Mary Mitchell	Adnan Radwan Munkarah MD #	Marguerite Subranni Rigby	

State of Michigan.....
County of Wayne.....

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Teresa Lynn Kline
President and CEO

Richard Evan Swift
Treasurer

William Robert Barnes
Assistant Secretary

Subscribed and sworn to before me this
day of ,

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

Roderick Irwin Curry, Notary
August 14, 2020

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	12,805,841	14,593,850		9,691,140	12,805,841	10,118,448
2. Claim overpayment receivables0	
3. Loans and advances to providers0	
4. Capitation arrangement receivables	2,010,293		(1,101,125)	2,620,601	909,168	909,167
5. Risk sharing receivables			565,438	2,438,712	565,438	565,439
6. Other health care receivables	3,147,799	1,088,535	12,013,561	9,976,212	15,161,361	15,161,361
7. Totals (Lines 1 through 6)	17,963,933	15,682,384	11,477,874	24,726,665	29,441,807	26,754,414

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	20,335,363		12,551,995	7,783,369	7,783,369	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	20,335,363	0	12,551,995	7,783,369	7,783,369	0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Health Alliance Plan of Michigan				2. Detroit, Michigan		(LOCATION)			
NAIC Group Code 1311		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2018				NAIC Company Code 95844			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		257,944	14,295	167,150				15,939	60,560		
2. First Quarter		189,537	4,625	111,709				15,417	57,786		
3. Second Quarter		186,746	4,457	109,337				15,258	57,694		
4. Third Quarter		183,728	4,225	106,624				15,165	57,714		
5. Current Year		180,860	3,945	104,009				15,042	57,864		
6. Current Year Member Months		2,235,950	53,590	1,305,860				183,174	693,326		
Total Member Ambulatory Encounters for Year:											
7. Physician		1,264,702	16,699	561,473				100,204	586,326		
8. Non-Physician		1,495,759	18,242	613,351				116,664	747,502		
9. Total		2,760,461	34,941	1,174,824	0	0	0	216,868	1,333,828	0	0
10. Hospital Patient Days Incurred		184,196	978	36,020				5,052	142,146		
11. Number of Inpatient Admissions		25,654	172	6,515				914	18,053		
12. Health Premiums Written (b).....		1,470,810,515	15,590,340	666,795,668				114,299,768	674,124,738		
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		1,470,810,515	15,590,340	666,795,668				114,299,768	674,124,738		
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services		1,342,885,425	13,700,425	599,655,216				107,636,462	621,893,322		
18. Amount Incurred for Provision of Health Care Services		1,298,593,511	9,045,086	556,393,094				108,584,780	624,570,551		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$674,124,738



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Health Alliance Plan of Michigan				2. Detroit, Michigan		(LOCATION)			
NAIC Group Code	1311	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2018				NAIC Company Code		95844	
		1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
			2 Individual	3 Group							
Total Members at end of:											
1. Prior Year		257,944	14,295	167,150	0	0	0	15,939	60,560	0	0
2. First Quarter		189,537	4,625	111,709	0	0	0	15,417	57,786	0	0
3. Second Quarter		186,746	4,457	109,337	0	0	0	15,258	57,694	0	0
4. Third Quarter		183,728	4,225	106,624	0	0	0	15,165	57,714	0	0
5. Current Year		180,860	3,945	104,009	0	0	0	15,042	57,864	0	0
6. Current Year Member Months		2,235,950	53,590	1,305,860	0	0	0	183,174	693,326	0	0
Total Member Ambulatory Encounters for Year:											
7. Physician		1,264,702	16,699	561,473	0	0	0	100,204	586,326	0	0
8. Non-Physician		1,495,759	18,242	613,351	0	0	0	116,664	747,502	0	0
9. Total		2,760,461	34,941	1,174,824	0	0	0	216,868	1,333,828	0	0
10. Hospital Patient Days Incurred		184,196	978	36,020	0	0	0	5,052	142,146	0	0
11. Number of Inpatient Admissions		25,654	172	6,515	0	0	0	914	18,053	0	0
12. Health Premiums Written (b).....		1,470,810,515	15,590,340	666,795,668	0	0	0	114,299,768	674,124,738	0	0
13. Life Premiums Direct.....		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....		1,470,810,515	15,590,340	666,795,668	0	0	0	114,299,768	674,124,738	0	0
16. Property/Casualty Premiums Earned.....		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		1,342,885,425	13,700,425	599,655,216	0	0	0	107,636,462	621,893,322	0	0
18. Amount Incurred for Provision of Health Care Services		1,298,593,511	9,045,086	556,393,094	0	0	0	108,584,780	624,570,551	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$674,124,738

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums.....	919	1,181	1,589	1,502	690
2. Title XVIII-Medicare.....	104	36	29	56	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	0	(248)	1,678	5,788	6,595
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	82	221	239
8. Reinsurance recoverable on paid losses.....	23	243	2,319	5,268	4,455
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	439,366,176		439,366,176
2. Accident and health premiums due and unpaid (Line 15).....	11,527,874		11,527,874
3. Amounts recoverable from reinsurers (Line 16.1).....	22,900		22,900
4. Net credit for ceded reinsurance.....	XXX	22,900	22,900
5. All other admitted assets (Balance).....	64,879,668		64,879,668
6. Total assets (Line 28)	515,796,618	22,900	515,819,518
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	136,693,471	0	136,693,471
8. Accrued medical incentive pool and bonus payments (Line 2).....	4,045,928		4,045,928
9. Premiums received in advance (Line 8).....	9,948,725		9,948,725
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	110,397,902		110,397,902
15. Total liabilities (Line 24).....	261,086,026	0	261,086,026
16. Total capital and surplus (Line 33).....	254,710,592	XXX	254,710,592
17. Total liabilities, capital and surplus (Line 34)	515,796,618	0	515,796,618
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	22,900		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	22,900		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	22,900		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL0
2. Alaska	AK0
3. Arizona	AZ0
4. Arkansas	AR0
5. California	CA0
6. Colorado	CO0
7. Connecticut	CT0
8. Delaware	DE0
9. District of Columbia	DC0
10. Florida	FL0
11. Georgia	GA0
12. Hawaii	HI0
13. Idaho	ID0
14. Illinois	IL0
15. Indiana	IN0
16. Iowa	IA0
17. Kansas	KS0
18. Kentucky	KY0
19. Louisiana	LA0
20. Maine	ME0
21. Maryland	MD0
22. Massachusetts	MA0
23. Michigan	MI0
24. Minnesota	MN0
25. Mississippi	MS0
26. Missouri	MO0
27. Montana	MT0
28. Nebraska	NE0
29. Nevada	NV0
30. New Hampshire	NH0
31. New Jersey	NJ0
32. New Mexico	NM0
33. New York	NY0
34. North Carolina	NC0
35. North Dakota	ND0
36. Ohio	OH0
37. Oklahoma	OK0
38. Oregon	OR0
39. Pennsylvania	PA0
40. Rhode Island	RI0
41. South Carolina	SC0
42. South Dakota	SD0
43. Tennessee	TN0
44. Texas	TX0
45. Utah	UT0
46. Vermont	VT0
47. Virginia	VA0
48. Washington	WA0
49. West Virginia	WV0
50. Wisconsin	WI0
51. Wyoming	WY0
52. American Samoa	AS0
53. Guam	GU0
54. Puerto Rico	PR0
55. US Virgin Islands	VI0
56. Northern Mariana Islands	MP0
57. Canada	CAN0
58. Aggregate Other Alien	OT0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01311	Henry Ford Health Systems Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	RE	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-2513504				HAP Preferred Inc		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	Y	.0
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	N	.0
	Henry Ford Health Systems Group		38-2651185				Administration System Research Corporation		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	Y	.0
01311	Henry Ford Health Systems Group	95814	38-3123777				HAP Midwest Health Plan, Inc	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	N	.0
00000	Henry Ford Health Systems Group	00000	38-1357020				Henry Ford Health System		UDP			0.0			.0
00000	Henry Ford Health Systems Group	00000	38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Real Estate, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-1958953				Metropolitan Detroit Area Hospital Services, Inc		NIA	Henry Ford Health System	Ownership	33.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-3232668				Northwest Detroit Dialysis Centers		NIA	Henry Ford Health System	Ownership	56.3	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	30.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	26-0423581				Macomb Regional Dialysis Centers LLC		NIA	Henry Ford Health System	Ownership	60.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-1378121				Sha Realty Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	90-0659735				Pace Southeast Michigan		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	46-5746225				Henry Ford Physicians Accountable Care Org LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000	Henry Ford Health Systems Group	00000	30-0092342				Center for Complementary and Integrative Medicine		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	46-4064067				Henry Ford Health Sys Government Affairs Services		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-3044223				Horizon Medical Building, LP		NIA	Henry Ford Health System	Ownership	32.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership	49.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	47-1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	Ownership	20.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-2756428				Henry Ford Allegiance Health Group		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-2024689				Henry Ford Allegiance Health		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-1218485				Henry Ford Allegiance Carelink		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-3607833				Henry Ford Allegiance Health Foundation		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-3370242				Henry Ford Allegiance Pharmacy		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-2756425				Healthlink		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	45-3253643				Jackson Health Network, L3C		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000					Telehealth Michigan		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-2594857				Physicians Choice Network, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000					It's Your Life Services, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	38-2336367				Henry Ford Allegiance Hospice		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		.0
00000	Henry Ford Health Systems Group	00000	37-1502443				Jackson Community Medical Record, L3C		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		.0
												0.0			.0
												0.0			.0
												0.0			.0
												0.0			.0
												0.0			.0
												0.0			.0

Asterisk	Explanation

42

42

42

42

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....SEE EXPLANATION.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
22.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
23.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....
24.

Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?

.....SEE EXPLANATION.....
25.

Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

.....SEE EXPLANATION.....

AUGUST FILING

26.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....YES.....

Explanation:

11.
12.
13.

Not applicable
14.
15.
16.

Health Alliance Plan writes Medicare Part D through its Medicare Advantage Plan
17.

Not applicable
18.

Not applicable
19.

Not applicable

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20.

21.

24. Health Alliance is not a member of the Michigan Life & Health Insurance Guaranty Association

25. Health Alliance is not a member of the Michigan Life & Health Insurance Guaranty Association

Bar code:

11.



12.



14.



15.



20.



21.



OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.
*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. Liability for CMS Coverage Gap Discount Program.....			0	1,694,482
2305. Group Rating Adjustment.....			0	1,218,271
2306.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 03	0	0	0	2,912,753

M005 Additional Aggregate Lines for Page 05 Line 47.
*REVEX2 - Capital and Surplus Account

	1 Current Year	2 Prior Year
4704. 2016 Audit Adjustments.....		(405,806)
4705. Reduction of Put Option Liability.....	(9,029,984)	0
4706. Proceeds from Dissolution of HealthPlus Trust.....	6,531,626	
4797. Summary of remaining write-ins for Line 47 from Page 05	(2,498,358)	(405,806)

M015 Additional Aggregate Lines for Page 15 Line 9.
* EXCAPGLOSS - Exhibit of Capital Gains (Losses)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
0904. Blackrock Strat Inc Opp - Other Gain/Loss.....			0	(881)	
0997. Summary of remaining write-ins for Line 9 from page 15	0	0	0	(881)	0

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